

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751465

FILED
Feb 09, 2012
Secretary of State

Entity Name: MUNROE REGIONAL MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

1500 SW 1ST AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6000
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-1755349 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, PAUL
131 SW 15TH ST
OCALA, FL 34474 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: GROSSO, RICHARD
Address: 1509 SE 18TH AVE.
City-St-Zip: Ocala, FL 34471

Title: VP
Name: KETCHEM, SANDRA
Address: 155 NE 64TH TERRACE
City-St-Zip: Ocala, FL 34470

Title: VP
Name: BENSON, BOB
Address: 8703-D SW 93RD LANE
City-St-Zip: Ocala, FL 34481

Title: VP
Name: RITTER, CHRIS
Address: 5080 NW 18TH ST.
City-St-Zip: Ocala, FL 34482

Title: SRD
Name: BLAHUT, MARY
Address: P.O. BOX 6556
City-St-Zip: Ocala, FL 34478

Title: T
Name: SHAW, CHARLES
Address: 3153 SW BREEZY PT. DR.
City-St-Zip: DUNNELLON, FL 34488

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA KETCHEM

VP

02/09/2012

Electronic Signature of Signing Officer or Director

Date